



# Medicare Rights Center

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June 23, 2008

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United States Representative  
2354 Rayburn House Office Building  
District of Columbia 20515

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2328 Rayburn House Office Building  
District of Columbia 20515

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Dear Congressmen Rangel and Dingell:

Salomeh Keyhani, MD  
*Assistant Professor, Departments of  
Health Policy & Medicine*  
Mount Sinai School of Medicine  
**Board Secretary**

On behalf of the Medicare Rights Center, a nonpartisan consumer service organization for people with Medicare, I am writing to thank you for introducing the House Medicare Improvements for Patients and Providers Act of 2008 (HR 6331). Along with averting a scheduled cut in Medicare payments to doctors, this bill provides important improvements to benefits for people with Medicare and greater assistance for those with low-incomes who cannot pay their Medicare premiums.

Arthur H. Aufses, Jr., MD  
*Professor, Departments of Surgery &  
Health Policy*  
Mount Sinai School of Medicine

We strongly support increasing the Medicare Savings Program (MSP) asset test to the full Medicare Part D Low-Income Subsidy (Extra Help) levels. The Medicare Savings Programs provide needed assistance to people with Medicare to ensure that they can afford the care that they need. Currently, to qualify for a Medicare Savings Program, a person with Medicare may not have assets of more than \$4,000 for individuals and \$6,000 for couples. These asset limits have not been adjusted since 1989. Many people with Medicare qualify for these programs, which improve access to care, on the basis of income, but are ineligible because they have slightly too many assets because of modest savings.

Micki Chen  
*Vice President, Deputy General  
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In addition, people with Medicare are often unable to complete the Extra Help application because they cannot determine the cash surrender value of their life insurance policy. Others are excluded because help they receive from family members is counted as “in-kind support and maintenance” and puts them over the income limit. Eliminating consideration of these resources will remove significant barriers to enrollment in Extra Help.

Edith Everett  
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Marilyn Moon, PhD  
*Vice President, Health*  
American Institutes for Research

This legislation makes long overdue improvements to Medicare by providing improved access to preventive services and parity in coverage for mental health services. By phasing down the higher coinsurance rate for mental health services, HR.6331 ends Medicare’s discriminatory treatment of the mentally ill by creating full mental health parity and additionally, increases coverage for preventative services.

Joel L. Olah, PhD  
*Executive Director*  
Aging Resources of Central Iowa

**Robert M. Hayes**  
*President*  
Medicare Rights Center

The provisions that require Private Fee-For-Service plans to establish provider networks, rather than “deeming” doctors to be part of the plans, will protect people with Medicare marketing tactics. Far from limiting consumers’ choice of plans, this provision will help ensure that people with Medicare who choose a Private Fee-For-Service plan will have adequate access to specialists and other providers. Many people with Medicare have signed up for a Private Fee-For-Service plan and are unable to find a doctor or hospital in their area that accepts the plan. It is vital that people with Medicare have access to the care they need, when they need it.

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Finally, we also support consumer protections in the bill that should help prevent abusive marketing practices by Medicare Advantage plans. We have assisted many people with Medicare that have been victims of aggressive and deceptive marketing practices used to enroll people with Medicare into Medicare private health plans. If these protections are coupled with stringent oversight and effective enforcement, we can expect to see a sharp reduction in the number of reports about predatory marketing tactics.

The Medicare Rights Center is eager to work with you to ensure that the important legislative improvements in the House Medicare Improvements for Patients and Providers Act of 2008 (HR 6331) are enacted into law. Thank you again for your efforts to help people with Medicare obtain the care they need.

Sincerely,



Robert M. Hayes